

How Blood Thinners Can Help Decrease Risks Associated With AFib

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Blood Thinning Medications for AFib

Atrial fibrillation can be worrisome, but in many cases, the biggest risks can be reduced with blood thinning medication.

Blood thinners, or anticoagulants, are a first line of defense for stroke prevention – and strokes are major concerns for AFib patients, especially if they also suffer from other chronic conditions.

Learn about why blood thinners are a good place to start, how to choose the right one for you, and other treatment issues you should keep in mind.

Why Blood Thinners Are Important

Once you've been diagnosed with AFib, you are five times more likely to suffer a stroke, which means you'll need to take some steps to protect against blood clots.

However, your doctor can narrow down your stroke risk even further by adding up certain health factors:

- Congestive heart failure. Not surprisingly, other heart problems coupled with AFib will increase your risk of blood clots and stroke.
- **High blood pressure.** Hypertension leads to hardening of the arteries, which can then weaken the blood vessels in the brain, and increase the risk of blood clots.
- **Diabetes.** Diabetes can complicate blood pressure and double your risk of cardiovascular disease including stroke.
- Age. Those over age 75 are more likely to suffer a stroke.
- Gender. Women are at a greater stroke risk than men.
- Previous stroke. While one of the above risk factors will increase your chances of having a stroke, having
 had a previous stroke raises your risk even more dramatically.

Every AFib case is a bit different, and your doctor will determine your best course of medication depending on your general state of health. For instance, a young AFib patient without any other chronic illness may not need to take blood thinners.

On the other hand, anyone with one or more risk factors from the list will likely need strong blood thinning medication to control their stroke risk.

Choosing a Blood Thinning Medication

For many years, warfarin has been the mainstay for blood clot management. Today, there are a few other alternatives that have been approved by the FDA, although not all of them are suitable for every patient.

Since you'll need to take this medication daily, and on a long-term basis, it's important to weigh the pros and cons of each type of drug with your doctor.

- Coumadin (brand name warfarin): Your liver needs vitamin K to create the proteins that make your blood clot, and Coumadin interferes with this vitamin to prevent the clotting process. A person's weight, gender and other medications can complicate treatment with Coumadin, so those who take this will need regular blood tests to ensure they have the right amount in their system.
- Pradaxa (dabigatran) and Xarelto (rivaroxaban): These drugs target thrombin, which is the blood's
 central clotting agent. These are more predictable than Coumadin, and probably won't require the same
 degree of monitoring.
- Eliquis (apixaban): Eliquis is another option for AFib patients (without a heart valve problem), and is a promising alternative to warfarin. In fact, studies have shown that patients who took Elquis had 21% fewer strokes than those on warfarin.

Side Effects

Cost, convenience, and side effects all need to be considered when you're deciding on a blood thinner. The major side effects will differ in severity form drug to drug, and person to person, but some of the most common include:

- Bleeding risks. Certain medications can increase the risk of brain and gastrointestinal hemorrhage.
- **Dietary problems**. Blood thinning medications could cause stomach upset, and too much vitamin K in your diet can lower the effectiveness of warfarin.
- **Higher risk of stroke**. If the medication is stopped suddenly and without medical supervision, your risk of stroke may increase.

Unfortunately, new medications typically come at a greater cost, and blood thinners are no exception. However, there are other treatments available for AFib that can help reduce the risks of blood thinning medications, and possibly ease your AFib management. Catheter ablation, cardioversion, and an overhaul of lifestyle habits can all help improve your heart health.

In other cases, doctors recommend you take "antiplatelet" drugs instead of an anticoagulant. In the end, you do have some control over your condition, so stay educated and consult with your doctor periodically about any new AFib treatment options that may be more suitable for you.